



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D3957-043**  
**Job Sheet 176165**



**Part No:** D3957-043

**Job Qty:** 1 ea

**Part Name:** Hinge Assembly, Door LH Lower



**Part Weight:** 0 lbs

**Status:** Scheduled

**Priority:** Medium

**Job Created:** 4/18/18

**Job Tracking No:**

**Due Date:** 4/26/18

**Created By:** Linda Lacelle

**Type:** SOLD

**Description:**

**Note:** D3957 REV A IPP RevA: New issue DD verified by:EC

**Ship Via:**

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|----------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |          |
| 100   | Start up Operation | 1 Ea  | 4/25/18    | 4/25/18  | 0.00      | 0.00    | Start Up Small Fab-4  |           |          |
| 110   | Small Fab          | 1 pcs | 4/26/18    | 4/26/18  | 0.00      | 0.20    | Small Fab-9           |           |          |
| 120   | QC                 | 1 pcs | 4/26/18    | 4/26/18  | 0.00      | 0.00    | QC5                   |           |          |
| 130   | Packaging          | 1 pcs | 4/26/18    | 4/26/18  | 0.00      | 0.00    | Packaging3-2          |           |          |
| 140   | QC21-SA            | 1 Ea  | 4/26/18    | 4/26/18  | 0.00      | 0.00    | QC21                  |           |          |

Part Op  
Descriptions: 110 - 1-Install Helicoil in d3957-3 2-Install Rod end and Nut Loosely

### Job BOM

| Part / Item | Component Name         | Quantity     | Operation              | Container |
|-------------|------------------------|--------------|------------------------|-----------|
| D3518-3     | Ball Joint End         | 1 Ea (1 ea)  | 100-Start up Operation | B 144 888 |
| D3957-3     | Hinge, Door LH Lower   | 1 (1 ea)     | 100-Start up Operation | A 95625   |
| MS124818    | Helicoil <i>SR 314</i> | 1 pcs (1 ea) | 100-Start up Operation | F4125952  |
| NAS509-6    | Nut <i>SR 551</i>      | 1 Ea (1 ea)  | 100-Start up Operation | M113537   |

### Job Allocations

| Operation              | Component Part | Required | Inventory | Allocated |
|------------------------|----------------|----------|-----------|-----------|
| 100-Start up Operation | D3518-3        | 1        | 0         | 0         |
|                        | D3957-3        | 1        | 0         | 0         |
|                        | MS124818       | 1        | 13        | 0         |
|                        | NAS509-6       | 1        | 0         | 0         |

### Part Specifications

Specifications could not be found.

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                          |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
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| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | MRB (QSI042) Approval                                                                                                  |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| <b>Description Work Order Deviation</b><br><br><div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: linear-gradient(to bottom right, transparent 49%, #ccc 49% 49%, #ccc 49% 51%, transparent 51%); background-size: 10px 10px;"></div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="transform: rotate(-90deg); transform-origin: left top;">             Dart Aerospace Ltd.<br/>             1270 Aberdeen Street<br/>             Hawkesbury, ON K6A 1K7<br/>             CANADA<br/>             TEL.: 1 813 532-5200<br/>             Email: sales@dartaero.com<br/>             www.dartaerospace.com           </p> </div> <div style="width: 45%; text-align: center;"> <p>Date: 04/26/18</p> <p>Container No: S065612</p> <p>Part: D3957 - 043</p> <p>Job No: 176165</p> <p>Serial No/ Batch: S065612</p> <p>Revision: A</p> <p>Inspector: _____</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Root Cause</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td>Environment</td><td><input type="checkbox"/></td> <td>No Re-verification</td><td><input type="checkbox"/></td> </tr> <tr> <td>Design</td><td><input type="checkbox"/></td> <td>Operator</td><td><input type="checkbox"/></td> </tr> <tr> <td>Doc/Data</td><td><input type="checkbox"/></td> <td>Offset/Setup</td><td><input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling</td><td><input type="checkbox"/></td> <td>Supplier</td><td><input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre</td><td><input type="checkbox"/></td> <td>Training</td><td><input type="checkbox"/></td> </tr> <tr> <td>Material</td><td><input type="checkbox"/></td> <td>Use for Testing</td><td><input type="checkbox"/></td> </tr> <tr> <td>Internal Transport</td><td><input type="checkbox"/></td> <td>Poor Information</td><td><input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge</td><td><input type="checkbox"/></td> <td>Rushing</td><td><input type="checkbox"/></td> </tr> <tr> <td>LOA</td><td><input type="checkbox"/></td> <td>Product Improvement</td><td><input type="checkbox"/></td> </tr> <tr> <td>Substation</td><td><input type="checkbox"/></td> <td>Process Improvement</td><td><input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date</td><td><input type="checkbox"/></td> <td>Manufacturing Process</td><td><input type="checkbox"/></td> </tr> <tr> <td>Misidentified</td><td><input type="checkbox"/></td> <td>Past Due</td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"></td> <td colspan="2">OTHER : _____</td> </tr> </tbody> </table> |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                        |  | Root Cause                   |                                           |                                             |                          | Environment                                 | <input type="checkbox"/>                 | No Re-verification       | <input type="checkbox"/>                      | Design                           | <input type="checkbox"/> | Operator                                | <input type="checkbox"/>            | Doc/Data                 | <input type="checkbox"/>                   | Offset/Setup                          | <input type="checkbox"/> | Equip/Tooling                       | <input type="checkbox"/>                       | Supplier                 | <input type="checkbox"/>         | Handling/Pre | <input type="checkbox"/> | Training                        | <input type="checkbox"/> | Material                 | <input type="checkbox"/>         | Use for Testing | <input type="checkbox"/> | Internal Transport                        | <input type="checkbox"/> | Poor Information | <input type="checkbox"/> | Tribal Knowledge | <input type="checkbox"/> | Rushing | <input type="checkbox"/> | LOA | <input type="checkbox"/> | Product Improvement | <input type="checkbox"/> | Substation | <input type="checkbox"/> | Process Improvement | <input type="checkbox"/> | Past Expiry Date | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | Misidentified | <input type="checkbox"/> | Past Due | <input type="checkbox"/> |  |  | OTHER : _____ |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                           | No Re-verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                           | Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| Doc/Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                           | Offset/Setup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                           | Supplier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| Handling/Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                           | Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                           | Use for Testing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| Internal Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                           | Poor Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| Tribal Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                           | Rushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| LOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                           | Product Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                           | Process Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| Past Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                           | Manufacturing Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| Misidentified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                           | Past Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
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| <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 33%;"><input type="checkbox"/> rge</td> <td style="width: 33%;"><input type="checkbox"/> Positioned Wrong</td> <td style="width: 33%;"><input type="checkbox"/> Wrong Stock Pulled</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Outside Dimensions</td> <td><input type="checkbox"/> Out of Sequence</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Over/Under tolerance</td> <td><input type="checkbox"/> Off-set</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Part Incorrect</td> <td><input type="checkbox"/> Mislabeled</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Part Lost/Missing</td> <td><input type="checkbox"/> Fit/Function</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Part Moved</td> <td><input type="checkbox"/> Misaligned/off center</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Drawing</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Finish</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Misread</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Turning Sequence</td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                        |  | <input type="checkbox"/> rge | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> | <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> | <input type="checkbox"/> Over/Under tolerance | <input type="checkbox"/> Off-set | <input type="checkbox"/> | <input type="checkbox"/> Part Incorrect | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Fit/Function | <input type="checkbox"/> | <input type="checkbox"/> Part Moved | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> | <input type="checkbox"/> Drawing |              | <input type="checkbox"/> | <input type="checkbox"/> Finish |                          | <input type="checkbox"/> | <input type="checkbox"/> Misread |                 | <input type="checkbox"/> | <input type="checkbox"/> Turning Sequence |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| <input type="checkbox"/> rge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Positioned Wrong                                                                                                                                          | <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Outside Dimensions                                                                                                                                        | <input type="checkbox"/> Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Over/Under tolerance                                                                                                                                      | <input type="checkbox"/> Off-set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Part Incorrect                                                                                                                                            | <input type="checkbox"/> Mislabeled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Part Lost/Missing                                                                                                                                         | <input type="checkbox"/> Fit/Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Part Moved                                                                                                                                                | <input type="checkbox"/> Misaligned/off center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Drawing                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Finish                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Misread                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Turning Sequence                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                        |  |                              |                                           |                                             |                          |                                             |                                          |                          |                                               |                                  |                          |                                         |                                     |                          |                                            |                                       |                          |                                     |                                                |                          |                                  |              |                          |                                 |                          |                          |                                  |                 |                          |                                           |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |  |  |               |  |